INFORMATION

Arational Behavior and Medical Care*

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Testing the hypothesis that arationality on the part of a patient in the treatment of an illness is in direct relation to perceived chance or danger inherent in that illness and is in inverse relation to medical knowledge about that illness, the authors of an unpublished doctoral dissertation conclude that "those who are scientifically more knowledgeable" in the area of medical practice are "also more rational." Arational behavior is categorized as 1) the type that involves the use of, or belief in the efficacy of accepted religious practices for the treatment of illness, 2) the use of some religious charms and trinkets, and 3) the use of ineffective or harmful health foods, herbs, and various compounds.

The authors conclude that an increase in technological discoveries will result in a trend toward greater rationality and more rational behavior in seeking treatment for illness.

DEFINING ARATIONAL BEHAVIOR as "single-ended action which, from the scientific point of view, means are totally inappropriate for an intended end," the authors studied the manner in which a group of mothers responded in treating or securing treatment for their children. The subjects were members of a low income group and the illnesses about which they were queried were one of the following four: poliomyelitis, measles, viral pneumonia and tuberculosis.

The responses of the parents were evaluated and analyzed by pediatricians, with the following classifications of arational behavior developed. The category of "remissive magico-religion" was assigned to the type of person who employed the use of, or belief in the efficacy of, theologically accepted religious practices for the treatment of illness. Examples of this category were found to be Bible reading, praying, visiting a health shrine, self-castigation, and using sacred medals or relics. The term "operative magico-religion" was used to describe the behavior of subjects who employed non-religious charms and trinkets and superstitious actions of various types. The classification "oral-internal medication" was developed to describe the subject who uses ineffective or harmful health foods, herbs, patent medicines and various mixtures such as sugar and vaseline, sugar and turpentine, and milk and honey.

The study reveals that mothers who saw an illness as one which was very dangerous or who classified it as outside the realm of rational competence also tended to engage in practices which were classified as arational. However, arational behavior was also found to be a result of lack of concern about an actual or possible medical problem. One of the findings also reveals that respondents who did not perceive illness as serious tended to consult persons other than physicians such as clergymen, pharmacists, nurses and chiropractors.

Ignorance or the lack of perceived danger of the effects of the four illnesses previously mentioned influenced the type of behavior of the mothers. Tuberculosis was found to result in more arational behavior than any of the other three illnesses.

The study supports previous evidence uncovered by anthropologists and sociologists to the effect that there is a decided relationship between unpredictable circumstances and prayer, magic and fatalism. With respect to this particular study, the evidence indicates that arationality is associated with extended periods of convalescence and with undefinability of the incipient symptomatology. The authors also demonstrate that the subjects who were more medically knowledgeable are less apt to employ arational practices in coping with medical problems than those who are less informed.

Although the authors offer no hope for the complete eradication of arationality in seeking medical treatment, they hold the view—as do other investigators—that arational behavior will diminish as technological and scientific advances are made. The implication is that continual communication with the public on health matters will help achieve this. The factors which may counteract this development, however, include increasing crises, problems of stress, social circumstances over which the individual has little or no control, the increasing body of scientific knowledge which may become increasingly difficult to absorb, and other problems related to the foregoing.

For the edification of the reader, the subjects in the study were those selected from records of the Office of the Commission of Health in New Haven, Connecticut or in the Winchester Tuberculosis Clinic at the Grace-New Haven Community Hospital.

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*Lewis and Lopreato, "Arationality, Ignorance and Perceived Danger in Medical Practices," American Sociological Review, Vol. 27, No. 4, August 1962.